



## State of West Virginia

### WV Office of Miners' Health, Safety & Training

Hillcrest Office Park  
#7 Players Club Drive – Suite 2  
Charleston, WV 25311-1626  
Telephone 304-558-1425 • Fax 304-558-6091  
<https://minesafety.wv.gov>

## 2025 PACKET FOR EXTENSION RENEWAL INDEPENDENT CONTRACTOR CERTIFICATE OF APPROVAL

To: All Independent Contractors on WV Mine Sites  
From: Frank Foster, Director *FF*  
Subject: 2025 Extension Renewal Independent Contractor Certificate of Approval

This packet contains the necessary forms and application for the **EXTENSION RENEWAL of your 2025 INDEPENDENT CONTRACTOR CERTIFICATE OF APPROVAL**. This renewal is required for you to perform work at West Virginia coal mine sites. If you received this packet, you currently hold a 2024 permit that will expire on January 31, 2025, and must be renewed to continue to perform work during calendar year 2025 at WV coal mine sites.

In accordance with WV Code 22A-2-63(e), application for extension of certificate of approval must be submitted to the Office of Miners' Health, Safety and Training within thirty (30) days after the first day of January of each year. Such application must be accompanied by a one hundred-dollar (\$100.00) renewal fee. An extension to the existing certificate of approval will be granted if at the time such application is made, the operator has paid or otherwise appealed all penalty assessments, and all required quarterly reports have been filed. In addition, your permit must have a current approved Comprehensive Mine Safety Program, and your company must be in compliance with Worker's Compensation, Unemployment Compensation, and the Division of Labor.

The attached application and general information forms must be completed in their entirety and must include the signature of a Corporate Officer and returned with a check or money order in the amount of \$100.00. Please note that non-compliance of any of the following criteria will cause a delay and your 2025 extension renewal will not be issued until such time the issues are resolved;

- 1) incomplete forms;
- 2) no renewal fee;
- 3) default on Unemployment Compensation;
- 4) invalid or expired Worker's Compensation;
- 7) outstanding assessments; or
- 8) missing quarterly man-hour reports.

In the event you do not meet the criteria for 2025 renewal, you will receive **ONE** written notification from this office detailing the criteria necessary. No additional notices will be sent. It is the responsibility of the independent contractor to follow up with our office if you receive anything other than your 2025 extension renewal.

It is required that you list current Corporate officers on the annual application that is filed with our office on the General Information Owners/Officers page and provide an approximate start date. If officers are to be removed, please provide the name, last 4 digits of SSN and give an approximate date of departure. It is important that this information be kept current.

The required application forms for the above referenced extensions are attached to this notice or you can print out this packet from our webpage at:

<https://minesafety.wv.gov/permitting-applications/independent-contractor-applications/>

Your 2025 extension renewal fee and any outstanding penalty assessments can be paid with a Visa or MasterCard at <https://minesafety.wv.gov/online-reporting-services/online-orders-payments/>. Please provide copies of any online payment confirmations along with the renewal forms.

Please submit your completed application for extension and \$100 renewal fee to the following address:

**WV Office of Miners' Health, Safety and Training**  
**Hillcrest Office Park**  
**# 7 Players Club Drive – Suite 2**  
**Charleston, WV 25311-1626**  
**ATTN: CONTRACTORS**

**All applications must be postmarked no later than January 31, 2025. To assist us in the renewal process please allow sufficient time for us to review and process the applications. No extension renewals will be issued before January 1, 2025. However, if assistance is needed please call our Charleston office at 304-558-1425.**

If you currently have an **APPROVED INACTIVE** status, you **must still renew** your permit for the inactive status to apply. The Inactive Status only applies to the reporting of your quarterly man hours.

If you choose not to renew for calendar year 2025 or you have not filed for an Approved Inactive status, a written request to close your permit is required. Please include the company name, WV permit number (C#), telephone number, contact name, and the effective date of the closure. The written request must be signed and dated by a company official, along with their title and mail to the address above.

Please note, once a permit is closed with our office if you choose to work on mining property you will need to go through the entire permitting process again.

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• Region One	• 14 Commerce Dr., Suite 1 - Westover, West Virginia 26501	• Telephone 304-285-3268	• Fax 304-285-3275
• Region Two	• 830 Virginia Ave. - Welch, West Virginia 24801-2311	• Telephone 304-436-8421	• Fax 304-436-2100
• Region Three	• 431 Running Right Way – Julian, West Virginia 25529	• Telephone 304-369-7823	• Fax 304-369-7826
• Region Four	• 337 Industrial Dr. - Oak Hill, West Virginia 25901-9714	• Telephone 304-469-8100	• Fax 304-469-4059

Complete this form and all additional forms that are enclosed, and return with your extension fee to the following address:

WV OFFICE OF MINERS' HEALTH, SAFETY AND TRAINING  
Hillcrest Office Park  
# 7 Players Club Drive - Suite 2  
Charleston, WV 25311-1626  
Phone (304) 558-1425 FAX: (304) 558-6091  
<https://minesafety.wv.gov>

## 2025 EXTENSION RENEWAL INDEPENDENT CONTRACTOR CERTIFICATE OF APPROVAL

Company \_\_\_\_\_

Address \_\_\_\_\_

Is this a new mailing address? \_\_\_\_\_ Telephone No. \_\_\_\_\_

Contractor ID Number: C \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Is this a new email? \_\_\_\_\_

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### Type of CERTIFICATE OF APPROVAL to be extended:

**Independent Contractor DMM-60C**

\_\_\_\_\_  
**Signature** (must be an owner, partner, LLC member or corporate officer)

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Printed Name of Signature**

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### MHST Office Use ONLY:

\_\_\_\_\_ Extension Fee Paid  
\_\_\_\_\_ Extension Form(s) Complete  
\_\_\_\_\_ Assessments Paid / Appealed  
\_\_\_\_\_ Quarterly Production Reports Filed  
\_\_\_\_\_ LOOKBLOCK (also check owners & officers for assessments)  
\_\_\_\_\_ SOS Status \_\_\_\_\_  
\_\_\_\_\_ Bureau of Employment Programs Compliance (UC)  
\_\_\_\_\_ Approved Inactive \_\_\_\_\_

**STATE OF WEST VIRGINIA**  
**Office of Miners' Health, Safety and Training**  
**# 7 Players Club Drive – Suite 2**  
**Charleston, West Virginia 25311-1626**

Website: <https://minesafety.wv.gov>

**2025 INDEPENDENT CONTRACTOR GENERAL INFORMATION**

Parent Company: \_\_\_\_\_

Parent Co. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contractor ID No.: C \_\_\_\_\_ MSHA ID No.: \_\_\_\_\_ FEIN No.: \_\_\_\_\_

Workers Comp. Policy No.: \_\_\_\_\_ Effective Dates of Policy: \_\_\_\_\_

Company Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ Company Phone \_\_\_\_\_ No. of Employees \_\_\_\_\_

Site preparation _____	Drainage _____	Contract Labor (Providing Employees as Miners) _____
Electrical _____	Explosives _____	Maintenance _____
Construction _____	Type of Construction _____	
Reclamation _____	Trucking _____	Material transported _____
Other (Please be specific) _____		
_____		

Is this company registered with the Secretary of State to conduct business in West Virginia? (Y/N) \_\_\_\_\_

Does this Company provide in-house training? (Y/N) \_\_\_\_\_

Certified Person Responsible for Training \_\_\_\_\_

Title \_\_\_\_\_ Telephone \_\_\_\_\_

Company Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_

**If this company has no employees other than the owner/operator, please list an emergency contact for that individual:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**ASSESSMENT CONTACT OFFICER AND ASSESSMENT MAILING ADDRESS**

*(Assessments will be sent to this address unless otherwise specified):*

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

PO Box

City

State

ZIP

Email Address: \_\_\_\_\_

***Incomplete GI Forms will not be accepted or processed; they will be returned as incomplete.***

\_\_\_\_\_  
**Signature (Must be an owner, partner, LLC member or corporate officer)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Signature**

# 2025 PERMIT APPLICATION

## OWNERS – OFFICERS

WV CONTRACTOR ID: C- \_\_\_\_\_

In accordance with the Federal Privacy Act, 5 USC 552a, and 1974 addendum Public Law 93-579 7(b), please provide the names, titles and social security numbers of every officer, partner, resident agent, director, or person performing a function similar to a director, together with the names and titles of any person owning of record ten percent (10%) or more of any class of voting stock of the applicant: (use attachments as necessary). **PLEASE NOTE: WE NOW ASK FOR THE LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBERS. THIS INFORMATION IS REQUIRED FOR IDENTIFICATION PURPOSES FOR OUR PERMIT ISSUANCE SYSTEM. THIS INFORMATION IS REQUIRED.**

**INCOMPLETE GI FORMS WILL NOT BE ACCEPTED OR PROCESSED; THEY WILL BE RETURNED AS INCOMPLETE.**

**AGENT** (a person who acts on behalf of another person or group):

Name: \_\_\_\_\_ Last four digits of SSN: xxx-xx-\_\_\_\_\_

Address: \_\_\_\_\_  
Address City State ZIP

Telephone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## OWNERS / OFFICERS

Please list ALL company officers

*Must Use Legal Name*

(Must be an owner, partner, LLC member or corporate officer)

First Name	MI	Last Name	Last four digits of SSN:	Title	Start Date	End Date
1. _____	_____	_____	xxx-xx-_____	_____	_____	_____
2. _____	_____	_____	xxx-xx-_____	_____	_____	_____
3. _____	_____	_____	xxx-xx-_____	_____	_____	_____
4. _____	_____	_____	xxx-xx-_____	_____	_____	_____
5. _____	_____	_____	xxx-xx-_____	_____	_____	_____
6. _____	_____	_____	xxx-xx-_____	_____	_____	_____
7. _____	_____	_____	xxx-xx-_____	_____	_____	_____
8. _____	_____	_____	xxx-xx-_____	_____	_____	_____
9. _____	_____	_____	xxx-xx-_____	_____	_____	_____
10. _____	_____	_____	xxx-xx-_____	_____	_____	_____

(If additional owners/officers are to be listed, use additional sheet(s))

**Do Not Write Below This Line**

**Miners' Health, Safety and Training use only:**

Company ID \_\_\_\_\_

File Update \_\_\_\_\_

Incomplete \_\_\_\_\_

### REGIONAL OFFICE ADDRESSES

**REGION I**  
WV MHS & T  
14 COMMERCE DR., STE., 1  
WESTOVER, WV 26501  
(304) 285-3268

**REGION II**  
WV MHS & T  
830 VIRGINIA AVENUE  
WELCH, WV 24801  
(304) 436-8421

**REGION III**  
WV MHS & T  
431 RUNNING RIGHT WAY  
JULIAN, WV 25529  
(304) 369-7823

**REGION IV**  
WV MHS & T  
337 INDUSTRIAL PARK DR.  
OAK HILL, WV 25901  
(304) 469-8100

*Revised 2024*

**2025 CONTRACT LABOR INFORMATION**

If your company has indicated on the Independent Contractor General Information sheet that it will be conducting Contract Labor, please complete the below listed information for our records, whether you use contract labor services, or whether you provide contract labor services.

Company Name \_\_\_\_\_ WV Permit \_\_\_\_\_

\_\_\_\_\_ **(X) WE DO NOT USE OR PROVIDE CONTRACT LABOR SERVICES (providing employees as miners)**

\_\_\_\_\_ **(X) WE DO USE OR PROVIDE CONTRACT LABOR SERVICES (providing employees as miners)**

**Complete section(s) below IF you provide or use Contract Labor Services**

**Contract Labor Services:**

Please list below the type of contract services you or your employees will be conducting when on WV mining property:  
**(BE SPECIFIC)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you **PROVIDE** contract labor services to another company, please list the company name and mine site *in West Virginia* where your employees will be performing services: **(Use reverse of form if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you **USE** contract labor services from another company, please list the company name *in West Virginia*, address, phone number, permit number, and contact person: **(Use reverse of form if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Official completing this form:

\_\_\_\_\_  
**Signature (must be an owner, partner, LLC member or corporate officer)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name of Signature**

\_\_\_\_\_  
**Telephone No.**